

TESTIMONY
APPROPRIATIONS COMMITTEE
Thursday, February 23, 2017

H.B. No. 7027, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR

Yale New Haven Health System (YNHHS)-- Connecticut's 2nd largest employer with over 24,000 employees and more than 7000 medical staff appreciates the opportunity to offer testimony concerning **H.B. No. 7027, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR**, to implement the Governor's budget recommendations.

Yale New Haven Health System, through Bridgeport, Greenwich, Lawrence & Memorial, Yale New Haven and Westerly Hospitals, and their affiliated organizations, including the North East Medical Group, strives to provide access to integrated, high-quality, patient-centered care in collaboration with others who share our values. We care for our State's most vulnerable population, by providing psychiatric care to children, young adults, adults and the elderly who come to us from every corner of Connecticut. The majority of these patients are insured by Medicaid.

The proposal before you includes significant cuts to mental health services within the Department of Mental Health and Addiction Services. Specifically, there is a nearly \$1 million (annual) cut to the CT Mental Health Center (CMHC) located across the street from one of the State's busiest emergency departments, at Yale New Haven Hospital. In addition to inpatient adult psychiatric services, CHMC provides outpatient services, including a walk-in center. With the cuts proposed, we fear that these services will be impacted, driving more patients to our medical emergency department. We know that emergency departments serve as a safety net provider, particularly for those with mental health issues. And, we know that a medical emergency department is not the appropriate setting for those with mental health needs.

Cutting CMHC, together with the proposed cuts that will likely impact community mental health providers, drives patients, at their most vulnerable state to a most inappropriate setting. Once our patients' acute psychiatric needs have been met, they require ongoing community-based services. For example, some need supportive housing and medication management, others may need residential or rehabilitation and detoxification services, all of which may be negatively impacted by the proposal before you.

We understand that there is a proposal to relocate beds from Hartford to Middletown, though we are unaware of the details. If the increase of detox beds in Middletown results in a decrease of rehabilitation beds, our patients would be negatively impacted. It is also important for you to be aware that currently, Blue Hills and CVH/ Merritt Hall, are the only two facilities to which patients can be admitted on an involuntary substance abuse commitment. They are also two of only four dual diagnosis programs in the state. While DMHAS is committed to building more dual diagnosis competence among their vendors this is a slow process and the proposed cuts may work against that important "retooling" goal. Our patients who are entrenched in substance abuse/dependence often have complex mental health needs and require involuntary admission to residential rehab programs on a substance abuse commitment. Almost all of our patients in need of these services also require dual diagnosis treatment. It is critically important for the care and recovery of our patients that beds that we can involuntarily admit to on a substance abuse commitment, and dual diagnosis beds, not be reduced by the cuts included in this proposal.

We appreciate your consideration of this testimony in your deliberations.